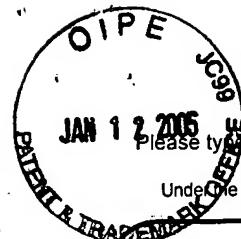


1-14-05

IFW #



PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0651-0031

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission  
(excluding references)

15

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/817,642       |
| Filing Date          | April 2, 2004    |
| First Named Inventor | Cameron Kerrigan |
| Group Art Unit       | 1734             |
| Examiner Name        | L. E. Edwards    |

Attorney Docket Number 50623.380

## ENCLOSURES (check all that apply)

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization<br><input checked="" type="checkbox"/> Postage Paid Return Postcard<br><input checked="" type="checkbox"/> Response (9 pages)<br><input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate)<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Petition for Extension of Time (1 month) (in duplicate)<br><input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449<br><input checked="" type="checkbox"/> Express Mail Label No. EV 337 975 763 US<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s) In/Formal ____ Sheets with Submission of Drawings Transmittal<br><input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)<br><input type="checkbox"/> Request for Continued Examination Transmittal (RCE)<br><input type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><div style="text-align: center;">Statement Of Common Ownership (1 page)</div> |
| Remarks   |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name Squire, Sanders & Dempsey L.L.P.  
Mark Lupkowski, Reg. No. 49,010

Signature

Date

January 12, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: January 12, 2005

Typed or printed name Patricia Gamble

Signature

Date January 12, 2005

## AMENDMENT TRANSMITTAL LETTER (Large Entity)

Docket No.

50623.380

Applicant(s): Cameron Kergan

Serial No.

10/817,642 JAN 12 2005

Filing Date

April 2, 2004

Examiner

Laura Estelle Edwards

Group Art Unit

1734

Invention:

Coupling Device For A Stent Support Fixture

## TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as show below.

## CLAIMS AS AMENDED

|  | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR | NUMBER EXTRA<br>CLAIMS PRESENT | RATE       | ADDITIONAL FEE |
|--|-------------------------------------|-----------------------------|--------------------------------|------------|----------------|
| TOTAL CLAIMS   | 9                                   | 20                          | 0                              | X \$50.00  | \$00.00        |
| INDEP. CLAIMS  | 2                                   | 3                           | 0                              | X \$200.00 | \$00.00        |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |                                     |                             |                                |            | \$00.00        |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT                                  |                                     |                             |                                |            | \$00.00        |

- No additional fee is required for amendment.
- Please charge Deposit Account No. 07-1850 in the amount of \$00.00  
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- A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850  
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- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 C.F.R. 1.17.

Dated: January 12, 2005

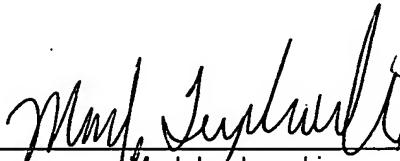
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cc: Docket:



Mark Lupkowski

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